

**Summary Sheet for DD Form 2807-1
Report of Medical History**

Item Number	Notes	Responsibility
Items 1 – 29		Service member
Item 30, Physician's Summary & Elaboration of all Pertinent Data	Review Items 1-29. Question examinee on all positive or incomplete responses	Examining Physician
Item 30, Physician's Summary & Elaboration of all Pertinent Data	Comment on all positive answers Items 10 – 29. List additional medical history deemed important. Record any significant findings	Examining Physician
Items 30(b) & 30(c) & 30(d), Typed/Printed Name, Signature of Physician and Date	Typed/Printed name, signature of examining M.D. or D.O and date are required	Examining Physician